

**STATE OF DELAWARE**  
**SINGLE POINT OF CONTACT – SPOC**  
**INTERGOVERNMENTAL REVIEW OF FEDERAL PROGRAMS**  
**Office of Management and Budget**  
Haslet Building, 3<sup>rd</sup> Floor, Dover, Delaware 19901  
(302) 739-4206

1. STATE APPLICATION IDENTIFIER:

39-05-21-09

SPOC use ONLY

Month

Reviewer

CC's

EF

2. Applicant Project Title: McKinly Laboratory Animal Facility

3. Applicant Department: University of Delaware

4. Applicant Division/APU:

5. Applicant Address: Hullihen Hall

6. Contact Person: Dr. Tom Apple

7. Contact Person's Phone Number: (302) 831-2136

8. Signature of Secretary or Agency Head (for state agencies) or Chief Administrator (for all other applicants)

9. Federal Grantor Department: National Institutes of Health

10. Federal Sub-Agency: National Center for Research Resources

11. Federal Contact Person: Willie McCullough, Ph.D.

12. Phone Number: (301) 435-0766

13. Address: National Center for Research Resources, Democracy One, Room 940, 6701 Democracy Boulevard, Bethesda, MD 20892-4874

14. Federal Program Title:

*Recovery Act limited Competition – Extramural Research Facilities Improvement Program (C06)*

15. FEDERAL CATALOG NO:  
(CFDA)

93

702

uf

16. Project Description:

*The University of Delaware is requesting \$8M in support to renovate and expand the McKinly Laboratory Animal Facility. The 12,000 sq. ft. facility will support research in health and behavioral sciences. Total budget estimate is \$10.6M, with the remainder of the funds to be provided by other, non-NIH funds.*

17. Will funds be utilized for any technology initiatives? ☐ Yes ☐ No If so, Business Case Number and brief project summary:

N/A

18. Measurable Objectives:

a. What were last year's objectives?

N/A

b. Were these objectives met? (If not, please explain why)

N/A

c. What are this year's objectives?

N/A

3/21/09

19. Grant Period:  From: 07/01/2009  To: 06/30/2014	20. How many years has this project been funded:  Not awarded yet	21. If the project was funded last year, how much federal money was awarded?  N/A
---	---	---

  

22. Source of funding for this application:	Dollars
a. Federal grant	\$8,000,000
b. Other federal funds (Specify source of funding)	
c. Required state contribution (Specify source of funding)	
d. Discretionary state contribution (Specify source of funding)	
e. Required local contribution (Specify source of funding)	
f. Other non-federal funds (Specify source of funding) University of Delaware	\$2,600,000
<b>TOTAL</b>	<b>\$10,600,000</b>

  

23. Budget by cost category and source:	Federal Funds	State Funds	Other Funds	Total Funds
Salaries & Fringe Benefits				
Personal or Contractual Services				
Travel				
Supplies & Materials				
Capital Expenditures	\$8,000,000	\$0	\$2,600,000	\$10,600,000
Audit Fees				
Indirect Costs				
Other				
<b>TOTAL</b>	<b>\$8,000,000</b>	<b>\$0</b>	<b>\$2,600,000</b>	<b>\$10,600,000</b>

  

24. How many positions are required for the project? (Exclude casual/seasonal employees)			
Breakdown of position(s)	Authorized in State Budget	New Positions Required	Total
Paid for out of federal funds			
Paid for out of General Funds			
Paid for out of state special funds			
Paid for out of bond/local/other funds			
<b>TOTAL</b>			

  

25. PLEASE NOTE: On a separate piece of paper, please give position number, grade, yearly salary and percent of funding (federal, state, local, other) and the full-time equivalent for all positions required. Please identify the new positions by placing an asterisk before the position title. If this grant funds positions within other departments, divisions and/or offices, please list them. If a position has been reallocated to or from another grant please indicate the grant source.
---